

Targeted Case Management (TCM)



". . . case management services that assist Medi-Cal eligible individuals within a specified target group gain access to needed medical, social, educational and other services.

Case management services ensure that the changing needs of the Medi-Cal eligible person are addressed on an ongoing basis and appropriate choices are provided among the widest array of options for meeting those needs."

(W&I Code §14132.44)

A message from our sponsor -

- See www.dhs.ca.gov/tcm
for all your TCM questions.
- Make your LGA MAA/TCM Coordinator
a valuable friend!



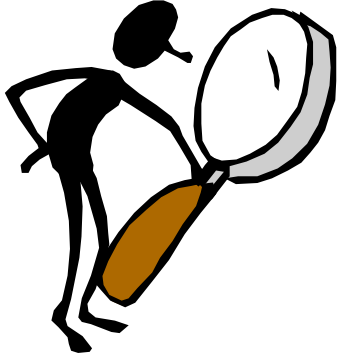
State and federal reviewers/auditors
may access all TCM records.

TCM Services

- Documented assessment of needs
- Written, comprehensive service plan
- Linkage and consultation (follow-up)
- Crisis assistance planning
- Assistance with accessing services (e.g., arranging for transportation or translation)
- Periodic evaluation of service effectiveness.



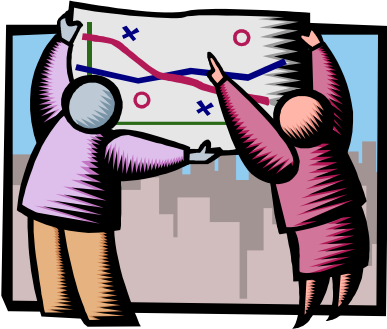
Documented Assessment



Identifying the individual's needs and the selection of activities and assistance necessary to meet those needs. Includes a review of the:

- ⊗ medical and/or mental condition,
- ⊗ training needs for community living,
- ⊗ vocational and educational needs,
- ⊗ physical needs (food, clothing),
- ⊗ social and/or emotional status;
- ⊗ housing/physical environment and
- ⊗ familial/social support.

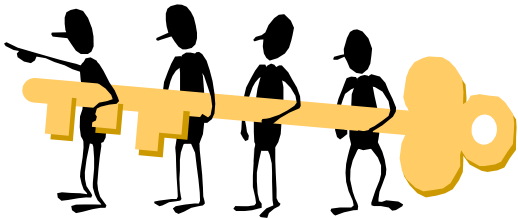
Service Plan Development



Based upon the assessed needs (and in consultation with the beneficiary), the plan includes:

- ⊗ the actions required to meet the identified service needs,
- ⊗ the community programs, persons and/or agencies to which the individual will be referred, and
- ⊗ a description of the nature, frequency and duration of the activities and strategies to achieve the service outcomes.

Linkage and Consultation



Linkage and consultation for the beneficiary and referral to providers of service and placement activities. Requires the case manager to follow-up with the beneficiary and/or provider of service within 30 days of the service to determine whether the services were received and met the needs of the beneficiary.

Assistance with Accessing Services



Assisting the beneficiary in accessing services identified in the service plan, including:

- ☒ arranging appointments and/or transportation to medical, social, educational and other services
- ☒ arranging translation services to facilitate communication between the beneficiary and the case manager, or providers of service.

Crisis Assistance Planning



Evaluate, coordinate and arrange immediate service or treatment needed in those situations that appear to be emergent in nature or which require immediate attention or resolution in order to avoid, eliminate or reduce a crisis situation. For outpatient clinics, crisis assistance planning is restricted to non-medical situations.

Periodic Review



Periodic reviews by the case manager to re-evaluate the beneficiary's progress toward achieving the objectives identified in the service plan.

- ❶ Completed at least every six months.
- ❷ Conducted by the case manager in consultation with the beneficiary to the extent of the beneficiary's capacity, and/or the beneficiary's family.
- ❸ Approved by case manager's supervisor with any modifications in writing and an addendum to the initial plan of service.

TCM Target Populations

Public Health

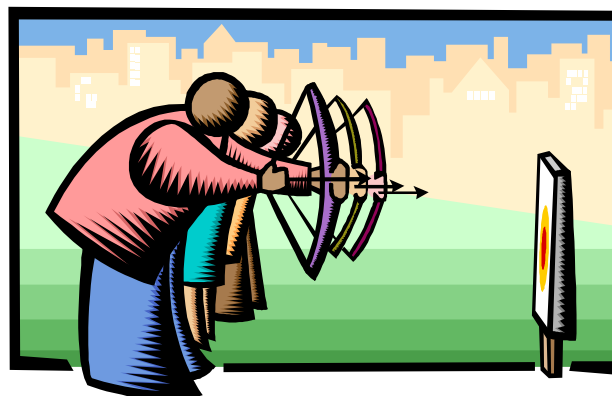
Outpatient
Clinics

Linkages

Public Guardian
or Conservator

Adult Probation

Community



Medi-Cal eligible individuals who are:

- High risk
- Have language or other comprehension barriers; are unable to understand medical directions because of language or comprehension barriers or have no community support system to assist in follow-up care at home.
- 18 years of age or older on probation and have a medical/mental condition, have exhibited an inability to handle personal, medical, or other affairs and/or are under conservatorship of person and/or estate or are in frail health and need assistance to access services in order to prevent institutionalization.

Public Health

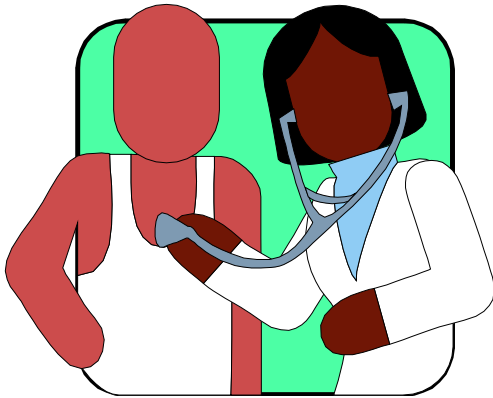


To assist "high risk persons" who have failed to take advantage of necessary health care services or do not comply with their medical regimen or who need coordination of multiple medical, social and other services due to the existence of an unstable medical condition in need of stabilization, substance abuse or because they are victims of abuse, neglect or violence.

- ★ Women, infants, children and young adults to age 21
- ★ Persons with HIV/AIDS
- ★ Persons with reportable communicable diseases
- ★ Pregnant women
- ★ Persons who are technology dependent
- ★ Persons who are medically fragile
- ★ Persons with multiple diagnoses

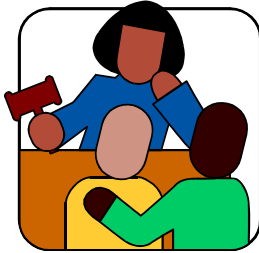
Outpatient Clinics

Medi-Cal eligibles in need of outpatient clinic medical services and who need case management in connection with their treatment because they are unable to access or appropriately utilize services themselves, including the following:



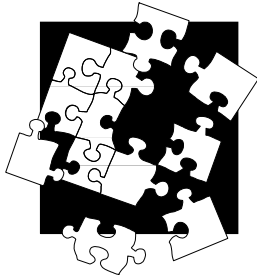
- ☞ Persons who have demonstrated non-compliance with their medical regimen
- ☞ Persons who are unable to understand medical directions because of language or other comprehension barriers
- ☞ Persons with no community support system to assist in follow-up care at home
- ☞ Persons who require services from multiple health/social service providers in order to maximize health outcomes

Public Guardian/ Conservator



Medi-Cal eligible individuals, 18 years or older who have exhibited an inability to handle personal, medical or other affairs, who are under conservatorships of person and/or estate or a representative payee.

Linkages



For those Medi-Cal eligible individuals, 18 years or older, in frail health and in need of assistance to access services in order to prevent institutionalization.

Adult Probation



Medi-Cal eligible persons, 18 years or older, on probation who have a medical and/or mental condition and are in need of assistance in accessing and coordination of medical, social and other services.

Community



Medi-Cal eligible adults and children at risk of abuse and unfavorable developmental, behavioral, psychological, or social outcomes including the following individuals:

- ★ Persons abusing alcohol or drugs, or both
- ★ Persons at risk of physical, sexual, or emotional abuse
- ★ Persons at risk of neglect

TCM Encounter

A face-to-face contact or a significant telephone contact in lieu of a face-to-face contact when environmental considerations preclude a face-to-face encounter, for the purpose of rendering one or more targeted case management service components by a case manager. For the Public Guardian target population, the encounter may be with persons acting on behalf of the Medi-Cal beneficiary.



Client Case File



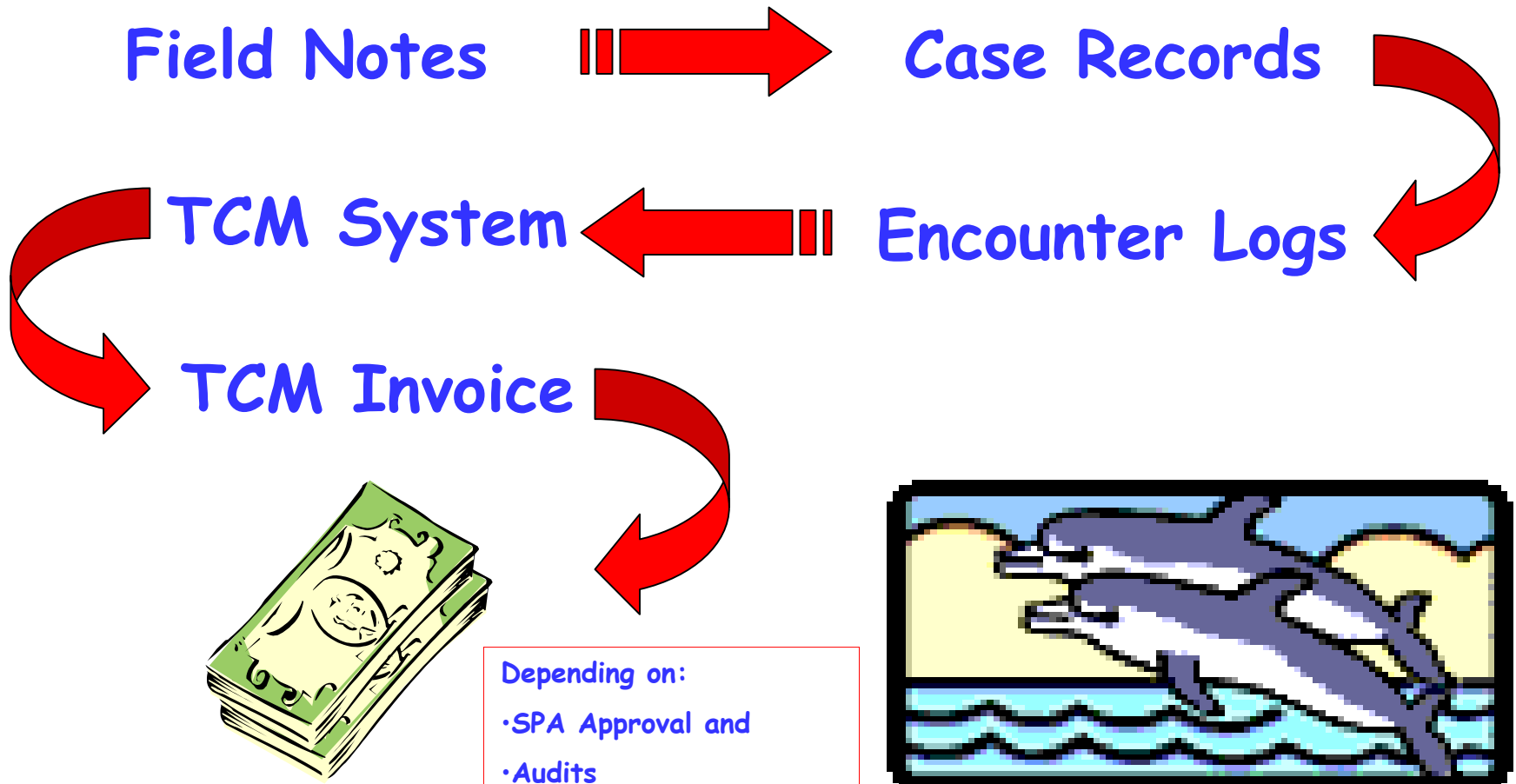
Must Include:

- Notes from Case Manager
 - Assessment
 - Service Plan
- 30-day and 6-month follow-ups



- ◆ Freedom of choice
- ◆ Fee mechanism

Flow of Documentation

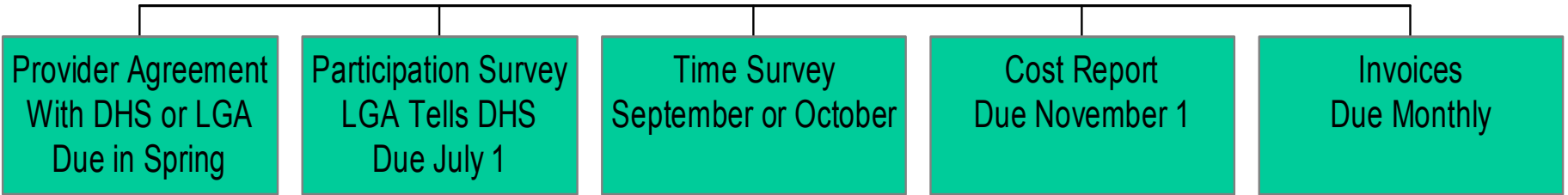


To Participate in TCM, an LGA must:

- ☑ Complete TCM participation survey
- ☑ Have a TCM provider agreement
- ☑ Sub-contracts between the "LGA" and other providers
- ☑ Participate in annual TCM Time Survey
- ☑ Annual TCM Cost Report
- ☑ Encounter logs
- ☑ Client case file documentation



TCM Timeline



Program Requirements

- LGAs certify the availability and expenditure of 100 percent of the nonfederal share of the cost of providing TCM services to Medi-Cal beneficiaries from the LGA's general fund or from any other federally approved source (public funds only).
- Identify the total allowable cost of all TCM services.
- Certify that the TCM services provided pursuant to Welfare and Institutions Code, Section 14132.44, do not duplicate services provided under any other home and community-based services waiver.
- Certify that claims for the same services have not been made to public agencies or private entities under other program authorities.
- Certify that the provider has complied with all the requirements of Section 51271 of the California Code of Regulations.

Reimbursement of Costs

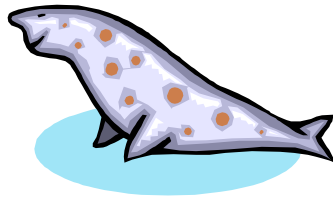
- The costs of providing TCM to Medi-Cal beneficiaries are reimbursed at the federal medical assistance percentage (FMAP).



- Payment for TCM services must not duplicate payments made under other program authorities for the same purposes (e.g., home and community-based services waiver).

The TCM Website

www.dhs.ca.gov/tcm



The State Seal



- The Targeted Case Management (TCM) Program is an optional Medi-Cal Program funded by federal and local funds. The TCM Program is authorized under the [California's Welfare and Institutions Code](#), Sections 14132.44, 14132.47, 14132.48 and 14132.49. Regulations governing the TCM Program are contained in [Title 22 of the California Code of Regulations \(22CCR\), Division 3, Chapter 3](#). In addition, the Department periodically issues Policy and Procedure Letters regarding the Program.

The TCM Program provides specialized case management services to Medi-Cal eligible individuals in a defined target population to gain access to needed medical, social, educational, and other services. TCM services include:

- Needs assessment
- Development of an individualized Service Plan
- Linkage and Consultation
- Assistance with accessing services
- Crisis assistance planning, and
- Periodic review

TCM Services are provided by Local Governmental Agencies (LGAs). An LGA is defined by law as a county or chartered city. The LGA must have a signed Medi-Cal Provider Agreement with the Department, and an approved cost report. The cost report is the basis for determining the cost of providing a TCM service ("encounter") in a particular LGA in a particular program type. See the "Medi-Cal Administrative Activities (MAA) and Targeted Case


TCM Participation Survey Results for 03-04

LGA	Public Health - 06	Outpatient Clinics - 07	Public Guardian - 09	Linkages - 10	Adult Probation - 11	Community - 13
Alameda	X	X		X	X	X
Hard Copy	X	X		X	X	X
Soft Copy	X	X		X	X	X
Amador	X		X		X	
Hard Copy	X		X		X	
Soft Copy	X		X		X	
Butte	X		X	X		X
Hard Copy	X		X	X		X
Soft Copy	X		X	X		X
Contra Costa	X		X	X		X
Hard Copy	X		X	X		X
Soft Copy	X		X	X		X
Del Norte					X	
Hard Copy					X	
Soft Copy					X	
El Dorado			X	X		X
Hard Copy			X	X		X
Soft Copy			X	X		X
Fresno	X		X	X	X	X
Hard Copy	X		X	X	X	X
Soft Copy						X
Glenn			X		X	
Hard Copy			X		X	
Soft Copy			X		X	



Targeted Case Management Provider Manual




- Medical Care Services Home Page (MCS)
- Medi-Cal Policy Division Home Page (MCPD)
- Medi-Cal Benefits Branch (MBB)
 - Administrative Claiming Local and Schools Services Section
 - Administrative Claiming Operations Unit
 - Local and Schools Services Unit
 - TCM System**
 - Administrative Support Unit
- Medi-Cal Eligibility Branch (MEB)

- [Section 1](#) Overview
- [Section 2](#) Program Descriptions
- [Section 3](#) Time Survey
- [Section 4](#) Cost Report
- [Section 4A](#) Cost Report Checklist
- [Section 4B](#) Cost Report Blank Spreadsheets
- [Section 5](#) Entering TCM Encounter Data Into the TCM System
- [Section 6](#) Creating and Submitting the TCM Summary Invoice
- [Section 7](#) Record keeping and Audit Documentation
- Section 8 Claiming for Contract Agency 

California
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OrganizationsCommentsSearchHome



Policy and Procedures Letters

General Index

The Department issues policy and procedures regarding the Medi-Cal Administrative Activities (MAA) and Targeted Case Management (TCM) Program via Policy and Procedures Letters (PPLs):

- [MAA Index of Policy and Procedure Letters by Subject](#)
- [TCM Index of Policy and Procedure Letters by Subject](#)
- [MAA and TCM Index of Policy and Procedure Letters by Year and Number issued in 1996-1998](#)
- [Index of PPLs issued in 2004](#)
- [Index of PPLs issued in 2003](#)
- [Index of PPLs issued in 2002](#)
- [Index of PPLs issued in 2001](#)
- [Index of PPLs issued in 2000](#)
- [Index of PPLs issued in 1999](#)

Bookmarks

Thumbnails

Comments

Signatures

State of California-Health and Human Services Agency

Department of Health Services

PROGRAM TIME SURVEY FOR CASE MANAGER
LOCAL GOVERNMENTAL AGENCY

☐ Case Manager ☐ Supervisor ☐ Support person to case manager

Month and Year
/

Name (Last, first, middle initial)

Civil service classification

Employee number

Program and claiming unit

Claiming unit location

TYPE OF ACTIVITY	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL
Other Programs/Activities																																
Direct Patient Care																																
Medi-Cal Outreach (A)																																
Medi-Cal Outreach (B1) (Actual Count/Other)																																
Medi-Cal Outreach (B2) (County-wide Average)																																
Facilitating Medi-Cal Application																																
Targeted Case Management																																
MAA/TCM Coordination and Claims Administration																																
MAA Implementation Training																																
General Administration																																
Paid Time Off																																
NON-TCM PP&PD (A) For Supervisors only (Not Discounted)																																
NON-TCM PP&PD (B) For Supervisors only (Discounted)																																
TOTAL HOURS																																
Employee's signature							Employee's telephone number						Date						Supervisor's signature						Date							
INSTRUCTIONS:																																
• See reverse of form for definitions of "TYPE OF SERVICE."																																
• Survey must be completed on a daily basis for the entire survey month. Enter the amount of time spent performing each type of service during your regular work hours in the column for that day (OT and the earning of CTO are coded to General Administration).																																
• Draw a vertical line through all columns representing days that are unpaid days (regular days off and unpaid leave).																																
• Record all of your time in 15 minute increments. If using fractions, use 1/4, 2/4, and 3/4 to record partial-hour increments. If using decimals, use .25, .50, and .75 to record partial-hour increments.																																
• At the end of each day, total each column in the "TOTAL HOURS" box at the bottom of the column. Each day's total must equal hours worked per day.																																
• At the end of the month, total all boxes in each row and record the sum in the "TOTAL" box at the right margin. Total amounts and record the sum in the box at the bottom-right corner.																																

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CALIFORNIA THE GOLDEN STATE

CALIFORNIA
HOMEPAGE

GOVERNOR'S
HOMEPAGE

Organizations

Comments

Search

Home

California
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Targeted Case
Management



TCM System

Welcome to the Targeted Case Management System



[Click here](#) for TCM Program Information.

[Click here](#) for TCM System Information and Training.

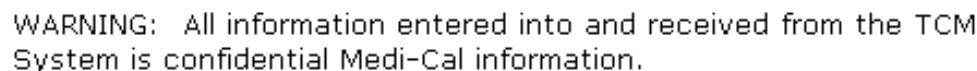
Please [click here](#) to proceed to the Login Page.



California
Department of
Health Services



- [How to use the TCM System](#)
- [Requesting a User ID](#)
- Access to the [TCM System](#)
- Link to [TCM Program](#) Description



See [Welfare & Institutions Code](#), Section 14100.2.

General Requirements

In order to use the TCM System, you must use a standard web browser (minimum of Explorer 4.x or Netscape 4.x) with 128-bit encryption. You may download this software from the following sites:



Microsoft Internet Explorer



Netscape

The TCM System has different [levels of access](#) that may be provided.

Steps that the LGA must take in order to use the TCM System.

1. The MAA/TCM Coordinator must submit a signed [request](#) to the DHS to obtain an LGA Administrator level user identification and password. The LGA must also complete and submit the LGA Profile. LGAs must include any "subprogram" codes the LGA wishes to use on the [LGA Profile](#) form.
2. The DHS will input the LGA Profile (including "subprogram" codes) and assign the LGA Administrator access.
3. Once access is authorized, the LGA Administrator may then assign access to LGA staff for the input of encounter data.




















Click on the picture for a list of online training topics

- Medical Care Services Home Page (MCS)
- Medi-Cal Policy Division Home Page (MCPD)
- Medi-Cal Benefits Branch (MBB)
- TCM System
- Medi-Cal Eligibility Branch (MEB)
- Rate Development Branch (RDB)
- Comments

Division Home Page (MCPD)

- Medi-Cal Benefits Branch (MBB)
- TCM System
- Medi-Cal Eligibility Branch (MEB)
- Rate Development Branch (RDB)
- Comments

Microsoft PowerPoint®, print the file. It may take a few minutes to load the viewable training files. Please be patient.

TOPIC	View Online	Printable
TCM System Request for User ID		
UPDATED Assigning User IDs		
UPDATED How to Log on		
UPDATED Add/Modify/Search Encounters (manually)		
Upload Record Format		
How to Upload a File		
UPDATED Creating/Submitting an Invoice (LGA)		
UPDATED Download Record Format		
Overview-How to Download Data (Requires WinZip ® on destination PC)		
Download Data-Step-by-Step (Requires WinZip ® on destination PC)		
UPDATED Definitions (TCM System brochure)		
UPDATED TCM Mailing Labels These labels have DHS /TCM "NEW/" "East End Complex"		

Resource Gems!!!!

- www.maa-tcm.net LGA Consortium website with TCM program, training, and contact information.
- www.medi-cal.ca.gov Medi-Cal Provider Manual and all things Medi-Cal
- www.calregs.com California Code of Regulations. Title 22 is for Medi-Cal regulations
- www.leginfo.ca.gov The State Legal library which includes Welfare and Institutions Codes
- www.medi-cal.org Medi-Cal Policy Institute which includes publications on frequently asked questions

